

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <u>10/634,718</u>	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1		1				31				
2		1		1			32				
3							33				
4							34				
5							35				
6		1		1			36				
7		6		0			37				
8		1		1			38				
9		1		1			39				
10		1		1			40				
11		1		1			41				
12		1	X				42				
13		1		0			43				
14	0			0			44				
15	1						45				
16	0			0			46				
17	0			0			47				
18				1			48				
19							49				
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47											
48											
49											
50											
TOTAL IND.	1		1				TOTAL IND.				
TOTAL DEP.	1		1				TOTAL DEP.				
TOTAL CLAIMS	2		2				TOTAL CLAIMS				